

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-003778

STATE FILE NUMBER

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

995

FILED FEB 2 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

ST. LOUIS, MO.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

ST. LOUIS CITY HOSP#1

Inside Limits

Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

Inside Limits

Yes ☐ No ☐

c. CITY OR TOWN

ST. LOUIS

d. STREET ADDRESS

(If outside, give location)

1702 S. 12<sup>th</sup> ST.

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED (Type or print)

First

MICHAEL

Middle

GALLAGHER

Last

4. DATE OF DEATH

Month

JAN

Day

20

Year

1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

## 7. Married

Widowed ☒

## 8. DATE OF BIRTH

NOV 13 1891

## 9. AGE (last birthday)

70

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED NIGHT WATCHMAN

## 11. BIRTHPLACE (City and state or country)

MISSOURI

## 12. CITIZEN OF WHAT COUNTRY

U-S-A

## 13a. FATHER'S NAME

MICHAEL GALLAGHER

## 13b. MOTHER'S MAIDEN NAME

MARGARET DUNN

## 14. NAME OF HUSBAND OR WIFE

ROSE GALLAGHER

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 17. INFORMANT

Address

ROSE GALLAGHER 1702 S 12 ST

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

Carcinoma of the Esophagus and Stomach, Terminal

1992

## INTERVAL BETWEEN ONSET AND DEATH

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

## Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

12-14-61

to 1-20-62

and last saw her/him alive on 1-20-62

## Death occurred at

6:30 A.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

1515 Lafayette Ave.

## 22c. DATE SIGNED

1-20-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

## 23b. DATE

JAN 23 1962

## 23c. NAME OF CEMETERY OR CREMATORY

MT. OLIVE CEMETERY ST. LOUIS CO. MO.

## 23d. LOCATION (City, town, or county)

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Thomas Kutia 2906 Gravois

## 25. DATE RECD. BY LOCAL REG.

JAN 23 1962

## 26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

201 1 291 03 114

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address 290 E. Main St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact, should be so stated above.